



COVID-19 UPDATE

PHARMACY PROCESS

HANDLING PRESCRIPTIONS AND CREDITS OF PATIENTS WITH SUSPECTED OR CONFIRMED COVID-19 INFECTIONS

Version 3: What is new?

- **It is not necessary to transport the prescription in a plastic bag.**

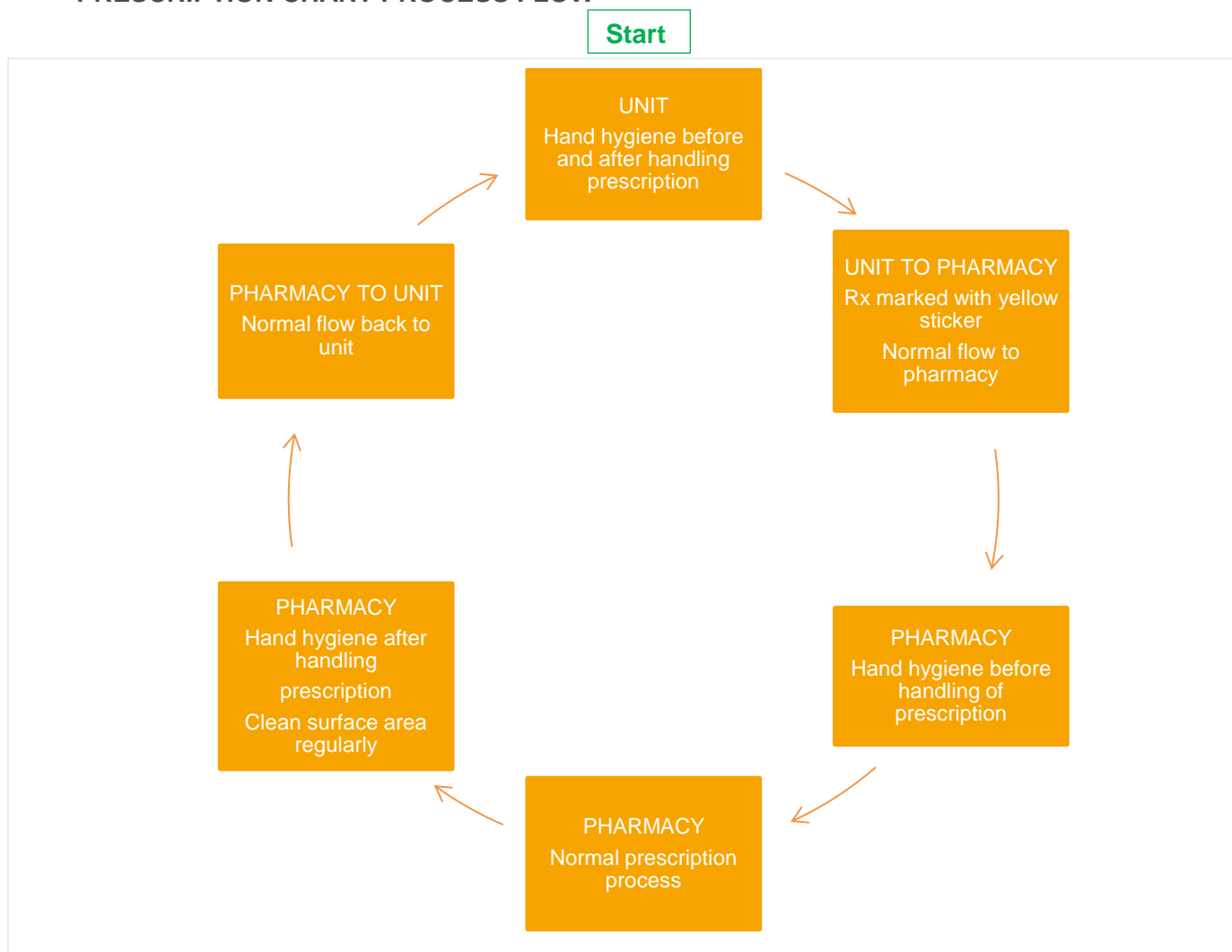
Rationale for change

- To align the pharmacy process with the general process for documentation in the hospitals e.g. administration and coding.
 - o Risk of transmission via documentation is very low
 - o Adding additional plastic bag is not adding protection as the risk of contamination of the bag is similar as the risk of contamination of the documents
 - o Adhering to appropriate and recommended IPC principles

Basic Principles:

1. **Transmission is mainly from person to person.**
2. The virus can only be transferred from a surface to you if you touch your face with your hands without performing hand hygiene.
3. **Performing hand hygiene** and **avoid touching your face** are key in **preventing** the **transmission** of SARS-CoV-2.
4. Maintain a safe social (and professional) distance in the pharmacy.
5. Ensure appropriate respiratory hygiene amongst staff.
6. Ensure adequate airflow in the pharmacy.
7. Regularly wipe down frequently touched surfaces.
8. Medication flow should follow the existing Isolation, standard and transmission based precautions policy.
9. **The prescription and all medication should be kept outside the patient room.**
10. This is a living document and will change as the situation evolves.

PRESCRIPTION CHART PROCESS FLOW



1. In the Unit

- a. The prescription and medication should remain outside the patient room or isolation area at all times. Medication in the medicine locker will be regarded as contaminated and should be limited.
- b. Nursing personnel and doctor must perform hand hygiene before and after handling the prescription.
- c. Nursing personnel should clearly mark the prescription with a yellow sticker and send to pharmacy via normal process.

2. In the Pharmacy

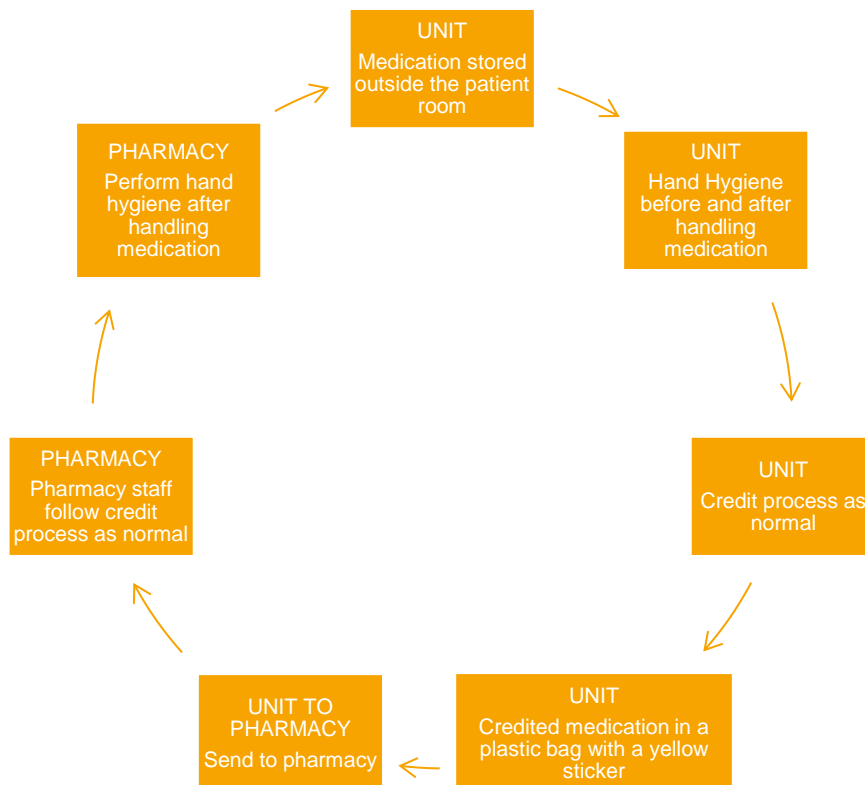
- a. Pharmacist must perform hand hygiene with either alcohol-based hand sanitiser or soap and water before handling the prescription chart.
- b. The pharmacy personnel should follow the normal dispensing process.
- c. Place the prescription and the medication in a clean bag.

- d. Mark the prescription and medication with a yellow sticker
- e. Return to the unit by means of normal process (runner).
- f. All the pharmacy personnel that had contact with the prescription should perform hand hygiene again immediately after completing the dispensing process.
- g. The pharmacist should disinfect the dispensing area by using an appropriate surface disinfectant every hour.

PATIENT'S OWN MEDICATION

1. Patient's own medication should be stored in the unit a clear Ziploc bag to prevent cross contamination.
2. Bag should be clearly marked with a patient label.
3. Hand hygiene should be performed before and after contact with patient's own medication.
4. Patient's own medication should be stored with the dispensed patient medication in the unit.

MEDICATION CREDIT PROCESS



1. Patient medication should be **stored in the medication trolley** and **individual medication doses** issued to the patient from the medication trolley which remains outside the isolation area.

2. **Minimal amounts of medication** (e.g. max 2 days) and disposable stock required for immediate care should be held inside the isolation room to prevent contamination and the loss of large quantities of stock.
3. All personnel to perform hand hygiene before and after handling the medication.
4. The unit follows the Corporate Policy: **Credit of dispensed medication** except that the medication is put in a clear plastic bag and clearly marked with a yellow sticker.
5. Pharmacist or pharmacist's assistant will perform hand hygiene with alcohol-based hand sanitiser or soap and water before handling the medication.
6. Pharmacy staff should follow the Corporate Policy: **Credit of dispensed medication** in a designated area.
7. All pharmacy staff that handled the credited medication should perform hand hygiene after completing the credit process.
8. As per policy: Loose tablets and open syrups should be discarded.
9. Vials and glass containers (e.g. IV Paracetamol) may be wiped clean with alcohol.
10. The pharmacist or pharmacist's assistant should disinfect the area by using an appropriate surface disinfectant hourly.

DISASTER PLANNING FOR MEDICATION FLOW

1. The hospital should include medication flow as part of their individual hospital disaster planning and adapt the process to fit their unique medication flow and hospital layout.
2. An existing medication store could be converted into a dedicated COVID-19 medication store or a specific demarcated area could be used.